





Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/703,755	GRATE ET AL.	
	Examiner	Art Unit	
	Sin J. Lee	1752	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
430	270.1			430	325				
INTERNATIONAL CLASSIFICATION				522	99	148	172		
G 0 3 F	7 1 038			427	515				
G 0 3 F	7 1 027								
G 0 3 F	7 1 20								
G 0 3 F	7 1 30								
C 0 8 J	3 1 28								
 (Assistant Examiner) (Date)				 SIN LEE PRIMARY EXAMINER (Primary Examiner) (Date)				Total Claims Allowed: 96 O.G. Print Claim(s) 1 O.G. Print Fig. #1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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2	2		32		62		92		122		152				182
	3		33		63		93		123	66	153				183
3	4		34		64		94		124	67	154				184
	5		35		65		95		125		155				185
4	6		36		66		96		126		156				186
5	7		37		67		97		127		157				187
6	8	30	38		68		98		128		158				188
7	9	31	39		69		99		129		159				189
8	10	32	40		70		100		130		160				190
9	11	33	41		71	49	101		131		161				191
16	12	34	42		72		102		132		162				192
17	13	35	43		73	54	103		133		163				193
10	14	36	44		74	55	104		134		164				194
11	15	37	45		75		105		135		165				195
12	16	38	46		76	56	106		136	70	166				196
13	17		47		77		107		137		167				197
14	18	46	48		78		108		138	68	168				198
15	19	47	49		79		109		139	69	169				199
18	20	48	50		80		110		140		170				200
19	21		51		81		111		141		171				201
20	22		52		82		112		142		172				202
21	23		53		83		113		143		173			71	203
22	24		54		84		114		144		174			73	204
23	25		55		85		115		145		175			39	205
24	26		56		86		116		146		176				206
25	27		57		87		117		147		177				207
26	28		58		88		118	57	148		178			58	208
27	29		59		89		119	63	149		179			59	209
28	30		60		90		120	64	150		180			60	210

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(Assistant Examiner) (Date)		(Primary Examiner) (Date)						Total Claims Allowed:	
(Legal Instruments Examiner) (Date)								O G Print Claim(s)	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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74	215	94	245		275		305		335		365		395		
75	216	95	246		276		306		336		366		396		
76	217	96	247		277		307		337		367		397		
77	218		248		278		308		338		368		398		
78	219		249		279		309		339		369		399		
79	220		250		280		310		340		370		400		
80	221		251		281		311		341		371		401		
42	222		252		282		312		342		372		402		
43	223		253		283		313		343		373		403		
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44	226		256		286		316		346		376		406		
45	227		257		287		317		347		377		407		
52	228		258		288		318		348		378		408		
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62	230		260		290		320		350		380		410		
72	231		261		291		321		351		381		411		
81	232		262		292		322		352		382		412		
82	233		263		293		323		353		383		413		
83	234		264		294		324		354		384		414		
84	235		265		295		325		355		385		415		
85	236		266		296		326		356		386		416		
86	237		267		297		327		357		387		417		
87	238		268		298		328		358		388		418		
88	239		269		299		329		359		389		419		
89	240		270		300		330		360		390		420		